HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for October 2013 Meeting

Date: Thursday, October 17, 2013
1:00 pm – 4:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Chair
Thomas Lauzon
Mark Notman, Ph.D.
Patricia Rinvelt
Irita Matthews
Nick Lyon
Larry Wagenknecht, R.Ph.
Orest Sowirka, D.O.
Jim Lee
Michael Chrissos, M.D. (Phone)
Robert Milewski (Phone)
David Behen, CIO (Phone)
Michael Gardner (Phone)

Commissioners Absent:

[All Commissioners were present.]

Staff:

Kimberly Bachelder
Phillip Kurdunowicz

Guests:

James Gartung
Leslie Asman
Umbrin Ateequi
Cynthia Green Edwards
Randy McCracken
Sarah Erwin
Laura Rappleye
Terrisca Des Jardins
Kristy Tomasko
Jeff Livesay
Jonathan Landsman
Andrew Wright
Andrea Walrath
Brian Seggie
Shannon Stotenbur-Wing
Stacey Hettiger
Bill Riley
May Al-Khafaji
Angela Vanker
Lynda Zeller
Suzina Orelli
Tairus Taylor
Christina Engman

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, October 17, 2013 at the Michigan Department of Community Health with 13 Commissioners present.

A. Welcome and Introductions

1. Dr. Greg Forzley, Chair, called the meeting to order at 1:03 pm.
2. The Commissioners introduced themselves and who they represent.
3. Ms. Meghan Vanderstelt of the MDCH Office of Health Information Technology was not present. Ms. Kim Bachelder announced that Mrs. Vanderstelt gave birth to a baby girl on the previous day. Both Ms. Vanderstelt and her baby are doing well. Ms. Bachelder helped facilitate the meeting in Ms. Vanderstelt's absence.
4. ADT Use Case and Resolution to the MiHIN Board
    a. Commissioner Milewski recognized Michigan Health Connect (MHC), MiHIN, and Beaumont Health System for beginning to transmit Admit, Discharge, Transfer (ADT) messages.
    b. Commissioner Milewski stated that ADT activity needs to be accelerated in Michigan and that a lack of engagement still exists in building up ADT activity among the various stakeholders.
    c. Commissioner Wagenknecht noted that there is a lack of clarity regarding who can and should be a Qualified Organization through MiHIN. He further noted that HITC needs to encourage MiHIN to make sure that QO specific criteria are published.
    d. Commissioner Lyon mentioned that one of the duties of the MiHIN Shared Services Governing board is to facilitate Statewide Health Information Exchange (HIE).
    e. Commissioner Wagenknecht noted that he also serves as the Chair of the MiHIN Board of Directors and welcomed the HITC to communicate this issue to the board. He also noted that the document is about 98% done on QO criteria already.
    f. Commissioner Milewski informed the Commission that Blue Cross Blue Shield of Michigan (BCBSM) says customers want more information from the ADT perspective and that BCBSM and other payers want to move towards a statewide solution.
    g. Chair Dr. Forzley added that the ADT service was not just about payment and transfer: ADT is a trigger for clinical "handoffs" as patients go from acute care to home care/long term care facilities.
    h. Commissioner Lee stated that there is really no confusion about the value of ADT and HIE as a service and that the confusion revolves around what role MiHIN and the QOs play in this landscape. He noted further that confusion exists about what types of entities can become QOs.
    i. Commissioner Milewski concurred and stated that there is a need to have definite criteria and, if necessary, MiHIN should expand the possibility of QO designation to large systems.
    j. Commissioner Lee warned of unintended consequences: existing sub-state HIEs would be competing directly with the hospital systems they anticipated might be in their clientele.
    k. Chair Dr. Forzley referred to the MiHIN Strategic Plan and noted that:
        i. The HIT Commission is the designated Policy Entity for MiHIN.
        ii. MiHIN is the designated Statewide HIE Entity.

iii. This proposed message is therefore within the purview of the HIT Commission.

l. Commissioner Milewski made a motion that the HITC should adopt the following:
   i. RESOLVED: That the Michigan Health Information Technology Commission strongly encourages MiHIN (the Michigan Health Information Network) to complete the development of Qualified Data Sharing Organization criteria, to publicize and make known those criteria, and to encourage the appropriate organizations to participate in facilitating the exchange of health information throughout the State of Michigan.
   ii. Commissioner Mathews seconded the motion.
   iii. The motion passed unanimously at 1:21 p.m.
   iv. The commission agreed that Commissioner Wagenknecht should communicate this motion to the board at their next meeting.

B. **Review and Approval of 9/19/2013 Meeting Minutes** – Commissioner Chrissos moved that the minutes be approved, with a second from Commissioner Lyon. The minutes were unanimously approved at 1:22 p.m.

C. HIT/HIE Update

1. Mr. Phil Kurdunowicz from the MDCH Office of Health Information Technology presented the HIT/HIE dashboard on behalf of Ms. Vanderstelt. The dashboard will be posted on the website after the meeting.
2. Mr. Kurdunowicz noted that the Advisory Committee reviewing the Public Health Code would be launching a website to receive public feedback in the next week. The HIT Office will facilitate communicating comments from the HITC to the advisory committee on an individual Commissioner basis or as a group. Chair Dr. Forzley asked how the Commission will know that the website is available. Mr. Kurdunowicz said an announcement would come via e-mail from the Advisory Committee, and the HIT Office will share this email with the commission once it is released.
3. Commissioner Rinvelt wondered whether any HIT Commissioners also held seats in any of the aforementioned groups. It was noted that Commissioner Lee and Commissioner Behen are on the Cyber Security Task Force as well as Ms. Cynthia Green Edwards in her role as MDCH Security Officer.
4. Chair Dr. Forzley asked if any report was forthcoming from the Cyber Security Task Force. Ms. Bachelder replied that that group was still in the logistics phase of planning. Ms. Edwards will brief the HIT Office on any updates.

D. Southeast Michigan Beacon Community (SEMBC or Beacon)

1. Ms. Terrisca Des Jardins recognized the following people for their support of Beacon:
   a. Ms. Cynthia Green Edwards, SEMBC Executive Board
   b. Commissioner Robert Milewski, former member of the SEMBC Executive Board
   c. Mr. Toshiki Masaki, former member of the HIT Commission
   d. Ms. Angela Vanker, MPRO

2. Ms. Des Jardins presented on the closing out of the Beacon grant period, results and outcomes from Beacon's work, and future initiatives for the organization. The slides from her presentation will be posted on the website after the meeting.
3. Commissioner Rinvelt asked about a letter that Ms. Des Jardins referenced in her presentation. Ms. Bachelder noted that this letter had not been included in commissioner packets, but she would send it around later.
4. Commissioner Lee inquired why the Clinical Transformation Project was no longer going and whether this was tied only to funding. Ms. Des Jardins answered that this project did indeed end due to a lack of funding and not because it was not perceived as valuable. When the ONC grant funds were exhausted, Beacon did what it could to build into clinical transformation efforts on policies, processes, and workflow. Beacon is doing what it can to help restore this external support.
5. Commissioner Milewski congratulated Ms. Des Jardins on her work and for being named one of the "40 under 40" by *Crain's Detroit Business.*
6. Chair Dr. Forzley asked if Beacon could apply its experience with downsizing operations to assisting FQHCs and similar organizations in the same situation. For example, they could share experiences with continuing clinical transformation without the help of the Patient Health Navigator, and continuing patient engagement in general with limited resources. Ms. Des Jardins agreed. She noted that the organization Voices of Detroit, who had experience with FQHCs, worked with Beacon on building internal resource strength. MPRO also aided in these efforts.

E. Consent Management, MiHIN Operations Advisory Committee (MOAC) Privacy Workgroup (PWG)

1. Bill Riley, the CIO of the Oakland County Community Mental Health (CMH) presented on the progress of developing a standard consent form for behavioral health information. The slides from his presentation will be posted online after the meeting.
2. Chair Dr. Forzley explained the need for further harmonization of the consent forms.
3. Commissioner Wagenknecht asked whether the proposed legislation had a sponsor in the Legislature. Mr. Riley replied that State Senator Tonya Schuitmaker was the bill's sponsor.
4. Mr. Riley asked Commissioners to send any additional recommendations to privacy@mihin.org. The commission asked to whom they should send recommendations. Mr. Riley directed them to himself as well as to Mr. Jeff Livesay from MiHIN.
5. Commissioner Lee raised a question from his discussions with hospital CIOs: If an individual presented with one of the issues covered by a consent form, then disclosed that protected information at an Emergency Department, would that be sufficient to allow exchange of that information?
    a. Mr. Riley said that this is a re-disclosure problem, and given the context, he decided to refer this question to the next presenter, Brian Balow, attorney with Dickinson Wright. Commissioner Lee then asked if this scenario would create a presumptive consent for BHI sharing.
    b. The question was restated thus: If a patient is admitted at an ED and voluntarily consents to giving protected information to the ED personnel, does this create a presumptive consent for sharing? Mr. Balow said that it depends on what state the

patient is in when consent is signed. Starting with Protected Health Information (PHI) vs. other health information, PHI can be shared without written consent. Commissioner Lee clarified that nothing was signed in this hypothetical example.

   c. In response, Mr. Balow noted that there is a prohibition against re-disclosure without specific consent in 42 CFR, so in this scenario, there would probably not be a presumptive consent. Commissioners pressed on whether this would be the case even for sharing within an organized integrated health network. Mr. Balow again replied in the negative.
   d. Mr. Balow explained that there must be some formal consent for sharing for re-disclosure. It was noted that on the proposed consent form, the releases of information go further than just to individuals.
   e. Mr. Balow added that a FAQ document would go into the companion document for CMHs to explain how to properly use this consent form. Commissioner Lee approved of this. Mr. Balow asked whether a written legal opinion was needed, but Commissioner Lee said that he merely needed to clarify this issue for hospital CIOs.
   f. Mr. Balow and the Commission noted that there are exceptions in 42 CFR (Code of Federal Regulations) Part 2 for releasing and sharing information on substance abuse/mental health in the event of an emergency. However, the very specific nature of the issues present would require myriad fact patterns to come to a legal conclusion.

6. Chair Dr. Forzley remarked that there must be education of patients and clinicians on the consent form on the following issues:
   a. What information is covered or not?
   b. How is the information used?
   c. How is this consent form different from consent to medical treatment?
7. A comment from Judge Bell was noted: Judge Bell is honored to have his name attached to the proposed legislation, but he wished to recognize the efforts of the Michigan Mental Health Council, and that this process was not just him.
8. Mr. Jeff Livesay from MiHIN requested a HIT Commission recommendation to combine the two working groups regardless of whether the legislation passes.
   a. Commissioner Lee expressed a concern that “one standard consent form” seemed to include all forms of health information, and could possibly create an opt-in for physical health information sharing as well. This would need to be reconciled with current policy.
   b. The recommendation was tacitly approved at 2:17p.m.
9. Mr. Barlow presented on the draft privacy white paper. The slides from the presentation will be available online after the meeting.
10. Mr. Barlow listed the following next steps for the white paper:
   a. The PWG requests comments from HIT Commissioners and any other interested parties to be sent to privacy@mihin.org by no later than December 9, 2013.
   b. The PWG will survey priorities on the issues once all comments are received. This will be a similar process as took place with the Security White Paper.

c. The PWG will update the draft Privacy White Paper to a final version for submission at the February or March HIT Commission meeting (s).
d. Commissioner Rinvelt asked to clarify that comments on the proposed Consent Form Standardization Legislation would be due November 9, while comments on the White Paper would be due December 9. This was confirmed.

11. Chair Dr. Forzley noted that the Commission should review the white paper and asked all Commissioners to let the HIT Office know if they needed a copy of the white paper. Ms. Bachelder noted that a copy was in the e-mailed information packet.

F. HITC 2014 Planning Session

1. Chair Dr. Forzley and Ms. Bachelder jointly led the planning discussion. The introductory slides will be posted on the website after the meeting.
2. Chair Dr. Forzley noted that the goal of the planning session was to determine what the HIT Commission wants to do and share with MDCH in 2014.
    a. Commissioner Behen further highlighted his suggestion to crystallize the Strategic Plan: What items are actionable? Who's accountable? What's the budget? What's the timeline?
    b. Commissioner Lee spoke on making Health Information Exchange a verb instead of focusing on the noun form of HIE. He advocated for doing something similar with Meaningful Use and the Triple Aim.
    c. Commissioner Behen chimed in with one final point: What are the exact metrics? What's a well-defined "success"?
    d. Commissioner Milewski concurred with the previous discussion and stated that goals need to be action-oriented. He also suggested that the Learning Health System concept championed by Dr. Charles Friedman of the University of Michigan could be the strategy for bringing a flexible strategic approach. Commissioner Lyon responded that it would be good to work with the University of Michigan, but the idea of a Learning Health State is very broad, and there would be the risk of crowding out other ideas.
    e. Commissioner Lee suggested changing the name of a "pie piece" on the wheel: "Increase Public Awareness" should be "Increase Consumer Engagement."
    f. Chair Dr. Forzley, alluding to Commissioner Lee's "verbing" of HIE activities, commented that ICD-10 is now being "verbed," but is still fundamentally about how providers get paid. Appropriate documentation is the key.
3. 2014 Action Plan
    a. Q1 HITC Survey – 2014 Business: Topics and Focus
        i. Commissioner Lyon asked what "systems" meant in the topic "Encourage integration of systems;" Chair Dr. Forzley clarified that this referred to an Information System.
        ii. Chair Dr. Forzley noted that the list of topics given on the slide deck in the packet was just a starting point, and ideas could be restated. Commissioners were instructed to send any additions to Ms. Bachelder.

iii. Commissioner Lee pointed out that 2014 is a critical year for getting to Meaningful Use to avoid penalties. He asked if it would be a good idea to re-emphasize a focus on M-CEITA and the Medicaid EHR Incentive Program, and the Commission agreed.
    a. Commissioner Lee noted that penalties add up for failure to do electronic prescribing, the Physician Quality Reporting System reports, and Meaningful Use.
    b. Commissioner Mathews added the additional issues around the Health Insurance Exchanges starting up and ICD-10 coding requirements in 2014.
iv. Commissioners also suggested a focus on engaging the Governor and other State/Federal leaders about developments in the HIT/HIE space. This activity might go under Public Awareness. Commissioner Behen will follow up with Commissioner Lee on these ideas.

b. Q2 HITC Survey – Actions in 2014
    i. Commissioner Rinvelt wanted to further emphasize Consumer Engagement.
    ii. Commissioner Dr. Sowirka explained that physicians do not have a firm grasp of HIE either or understand the benefits of information sharing. More physician engagement and provider education is needed too.
    iii. Commissioner Behen identified sustainability of funding as an issue.
    iv. Commissioner Lyon noted that integrating care for the dual eligible Medicaid population requires HIE with Long Term Care and Behavioral Health providers as well. Reviewing the Public Act that created the HITC in 2006 could be a chance to add some unrepresented areas (including Long Term Care) to the Commission.
    v. Ms. Bachelder explained the potential diagram to show how HIT-HIE policy recommendations work. The diagram is included in the slides that will be posted on the website after the meeting. Ms. Bachelder requested that Commissioners make recommendations on the diagram. In particular, she wished to ensure that the listed outcomes were accurate, and to make sure that all loops were closed on the diagram.

c. Q3 HITC Survey – HITC Long Term Goals
    i. Commissioners discussed whether to formulate a five-year strategy for the HIT Commission while they revisit the HIT-HIE Strategic Plan.
    ii. Commissioner Rinvelt asked about the goal “Support for programs to train HIT professionals,” and if this should be done in the short term. Chair Dr. Forzley said that the definition of a “HIT Professional” required clarification. He further noted that the recent Community College HIT training programs had had limited success.

d. Q4 HITC Survey – HITC Logistics

i. Ms. Bachelder requested comments on the proposed HIT Commission logistics ideas. In particular, she wanted to know if the meeting time should be changed to noon to 3:00 p.m. from 1:00 to 4:00 p.m.
    a. Hearing no opinions voiced, she noted that the presently used room has already been reserved for 1:00 to 4:00 p.m. on the third Thursday of the month.
    b. Ms. Bachelder also noted that the MDCH HIT Office planned to provide more opportunities to complete pre-meeting work with surveys and other collaboration tools. More education and pre-meeting materials would be delivered in a timelier manner.
    c. Commissioners commented on a desire to make HIT Commission meetings more interactive than didactic.
    d. Commissioner Dr. Sowirka stated that articles from national publications to support ideas would be appreciated.
ii. Commissioner Lyon asked his colleagues whether the group was pleased with its input for the MDCH Director and stated that the commission needs to figure out how to make the biggest needs formal asks.
    a. Commissioner Lyon declared that if he has the HIT Commission behind a budget request, and the Governor is behind it, it is a better request to present to the Legislature than a vague recommendation. He said that he would do his best to help the Commission formulate specific requests.
    b. Commissioner Rinvelt suggested that this discussion should be a two-way street: recommending what help is needed to MDCH, but also asking MDCH where they need advice and recommendations. Commissioner Lyon said that he could bring these ideas to the Director.
    c. It was noted that the Governor will release his proposed budget for FY 2015 in February. MDCH is already working on their proposals. Commissioner Lyon acknowledged that it is tough to be that forward-thinking in rapidly changing environment.
        i. Chair Dr. Forzley advised taking the tack of observing that a placeholder system/policy/etc. exists, but further development is needed for making budget requests.
        ii. Commissioner Rinvelt proposed focusing on key target ideas, and more of a broad directional approach.
        iii. Commissioner Mathews reiterated that it is easier to get requests in the budget now than in December or February.

e. Q5 HITC Survey – General Ideas
    i. Proposed Ideas
        a. Learning Health Systems
        b. Roadmap with milestones and budget items

c. Security
d. Education and training for the HIT Commission and stakeholders
e. Preparing for the volume of change in the healthcare industry

ii. Commissioner Dr. Sowirka spoke in favor of incorporating Long Term Care into discussions and stated that reaching out to state associations would be good. He noted that a Long Term Care Medical Directors association meeting is in a couple of weeks where he could reach out.

iii. Commissioner Dr. Notman added that there should be a focus on the MiHIN Qualified Organizations and what is actually being done from whom. In particular, the resolution adopted by the Commission to urge MiHIN to finish clarifying QO criteria should remain on the radar screen.

4. Chair Dr. Forzley asked what business could be transacted by e-mail, since the Commission is covered by the Open Meetings Act.
    a. Ms. Bachelder and Mr. Kurdunowicz noted that MiHIN Strategic Planning issues, and HITC topics planning could be done over e-mail.
    b. The HIT Office will share more materials as they become available. This will be incorporated into their review of the State's HIT Commission website.

G. HITC Next Steps

1. The next meeting will take place February 20, 2014. Holding a meeting in October 2013 and then meeting again in February 2014 covers statutory requirements.
2. E-mail communication will work for updates. Commissioners should send their ideas for 2014 Topics and Focus stuff Ms. Bachelder. She will provide updates with the State Dashboard and ONC National HIE Dashboard in November and December.
3. Input on upcoming Deliverables should also be sent to the HIT Office or MiHIN.

H. Public Comment

1. Ms. Cynthia Green Edwards, Office of Medicaid Health Information Technology: Looking at the development of HITC 2014 priorities, the Beacon presentation was a demonstration of the practical use of HIT/HIE. A focus on practical HIT/HIE use would be helpful. In addition, there should be a focus on development of services; i.e., identifying what services there are that will facilitate the provision and coordination of care.
2. Ms. Shannon Stotenbur-Wing, Michigan Public Health Institute: Consumer Engagement Stakeholder meetings will take place at the end of November. All appropriate stakeholders in the room will be invited. Ms. Stotenbur-Wing will provide Consumer Engagement updates and continue to work with the HIT Office on these activities.
3. Commissioner Lyon pointed out the current lack of a Vice Chair for the HIT Commission. He asked who should be contacted about nominations, etc., and whether a nomination process was coming soon. Chair Dr. Forzley explained that he is becoming busier, so he hinted that he may need to step down as Chair in the near future. He intended to have a plan in place for selecting and transitioning a new Chair and Vice Chair by March or April's meeting.
4. The MDCH Deputy Director for the Mental Health and Substance Abuse Administration, Ms. Lynda Zeller, has been instrumental in the recent efforts to integrate Behavioral Health into HIE. Commissioner Lyon recognized her efforts.